Virginia Department of Behavioral Health & Developmental Services

YOUNG ADULT SUBSTANCE ABUSE TREATMENT GRANT

SAMHSA Title:

- State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Planning

- Short Title:
  - State Youth Treatment-Planning

Funding Purpose

- To provide funding to develop a comprehensive strategic plan in order to improve treatment for adolescents (ages 12-18) and/or transition-age youth (ages 16-25) with substance use disorders (SUD) and/or co-occurring substance use and mental disorders. The plan will help assure that youth have access to evidence-based assessments and treatment models and recovery services by strengthening the existing infrastructure system.

Grant Duration

- 2 year planning grant

- Essentially we are planning to plan (final product is a 3 year strategic plan).

What Did We Say We Will Do?

- Hire Staff
- Form Interagency Council from identified stakeholders
- Form two subcommittees from the Interagency Council
  - Substance Abuse Financing Subcommittee
  - State Youth Treatment Planning Subcommittee

- Develop financing structures that support a coordinated treatment and recovery system for transition-age youth with SUD and/or co-occurring SUD and MHD
- Develop a 3 year state workforce training plan that will serve as the state's blueprint to increase dissemination of effective treatment and recovery services for transition-age youth in the future

- Develop and implement workforce map used to widen the use of effective treatment and recovery services in the future
- Develop a comprehensive 3 year strategic plan in order to improve treatment for transition age youth
- Create a 3 year plan for a family and youth state-wide structure to promote involvement in substance use treatment and recovery services for transition-age youth

- Establish a formal agreement with other SAMHSA funded Community Mental Health Services for Children and their Families Program grantee
- Develop a three year plan to create a provider collaborative within Virginia

Age Group	Population	Dependency or Abuse	Any Past Year MH	Co-Occurring Disorder
16-17	109,366	6,168 (6%)		
18-25	365,518	71,203 (20%)	83,757 (23%)	11,697 (14% SA)
16-25	474,884	77,371 (16%)		

Transition Age Youth Receiving CSB SA Services (State Fiscal Year 2014)

AGE	NUMBER	PERCENTAGE
16-25	8,106 (77,371)	11%

Key Points

- State Structure-
  - Services are administered at state-level by DBHDS
  - Services provided by 40 CSBs that are locally governed
  - CSBs are not mandated to provide MH and SA as distinct programs for children and adolescents
  - There are no dedicated SA treatment funds for children and adolescents
  - Provision of adolescent SA services vary widely across the state
  - Widely diverse geographic regions

2011 Report: A Plan for Community-Based Children's Behavioral Health Services

- All communities have an incomplete array of services
- There is inadequate capacity in all services that are available resulting in children and families waiting for services
- Families are faced with inconsistencies across the state in the array and capacity of services
- Many children do not receive services early enough (leading to worsening of their condition and increased cost)
- Many children do not meet the eligibility requirements for services
- Workforce development is needed to support a comprehensive system
- There is inadequate oversight and quality assurance for the services that do exist

What Have We Done Thus Far?

- Hired Staff
  - Grant Coordinator
    - » Rich Firth
  - Research and Evaluation Specialist
    - » Anne Buford

Interagency Council

Carol Agee	VEC
Anna Antell	CSA
Ashley Church	Consumer/Virginia Family Network
Ashley Everette	Voices for Virginia's Children
Joann Burkholder	DOE
Kevin Doyle	Longwood Recovers
Scott Richeson	VADOC
Fabrienne Dorsey	Parent
Greg Peters	Parent/UMFS
Ashley Harrell	DMAS
Diana Jordan	VDH
Pam Kestner	Deputy Secretary of Health and Human Resources
Laurel Marks	DCJS
Mary Brown-Brooks	Parent
Haley Mathews	DSS
Ashaki McNeil	DJJ
Rex Petrey	Young Person in Recovery
Robert Henry	VCCS
Kathy Robertson	DCDH
Jean Stevenson	DARS
Rhonda Thissen	DBHDS
Tom Bannard	Rams in Recovery/COBE
Valerie Petrey	Parent

Findings

- Across a range of studies, 54-95% of youth in alcohol and drug treatment have some type of mental disorder.
- “Co-morbidity” is so common that dual diagnosis should be expected rather than considered an exception.” Minkoff
- Systems need to be integrated in order to attain comprehensive, coordinated and holistic care. The system should be designed to meet the needs of the individual and family in a flexible, integrated, collaborative and outcome focused model.
- Between 25 & 35% of all people discharged from addiction treatment will be readmitted to treatment within a year. Nearly 50% within 2-5 years.
- Treatment outcomes are worse for adolescents with co-occurring disorders.
- Acute care model of clinical intervention alone is not sufficient to achieve long-term recovery

- Continuing care is widely recommended as a critical component for maintaining treatment gains.
- Adolescent alcohol/drug problems are typically bundled with other personal or family problems.
- Recovery often involves improved educational and vocational performance.
- Onset of substance use disorders typically begins in adolescence or early adulthood.
- Adolescents often have less developed executive functioning that can lead to poor self-regulation and impulse control

Values and Principles for a Recovery-Oriented System of Care:

- Being family focused
- Employing a broad definition of family
- Being age appropriate
- Reflecting the developmental stages of youth
- Acknowledging the nonlinear nature of recovery
- Promoting resilience
- Being strengths-based
- Identifying recovery capital

Services and Supports

- Ensuring family involvement
- Providing linkage
- Assuring that the range of services and supports address multiple domains in a young person's life
- Including services that foster social connectedness
- Providing specialty recovery supports
- Providing therapeutic/clinical interventions

Infrastructure Elements

- Family involvement at the design and policy level
- Policy changes at the Federal, State and provider levels
- Collaborative financing
- Collaborative integration across all youth-serving systems
- Workforce development
- Leadership
- Accountability

Outcomes

- Youth
  - Social connectedness
  - Reciprocity: increased capacity for youth to give back to the community
  - Increased self-sufficiency
  - Increased number of developmentally appropriate assets

- System
  - Support for family and sibling recovery
  - Easy access to service system with multiple entry points

Challenges

- Lack of shared language and common vision
- Complexity of achieving change
- Stigma
- Disparities across race, ethnicity, gender, culture, age, etc.
- Lack of culturally and linguistically competent services and supports
- Limited family and youth involvement
- Lack of infrastructure supporting integrated systems of care and recovery
- Financing
- Service system coordination
- Lack of appropriate outcome measures and accountability procedures
- Inadequate workforce capacity
- Lack of recovery-focused services and supports
- Lack of care coordination
- Confidentiality issues
- Lack of statewide focus
- A need for additional research, evaluation and dissemination

Opportunities

- A growing awareness of substance use and mental health issues including the high rate of co-occurring disorders in adolescents and transition-age youth
- An increase in pockets of excellence and promising practices of recovery-oriented services and supports
- Funding opportunities
- Multiple formal and informal resources available in communities
- Emerging technologies providing innovative approaches for outreach to care and support of young people in recovery